

110TH CONGRESS
1ST SESSION

S. 2313

To amend the Public Health Service Act to enhance efforts to address
antimicrobial resistance.

IN THE SENATE OF THE UNITED STATES

NOVEMBER 6, 2007

Mr. BROWN (for himself and Mr. HATCH) introduced the following bill; which
was read twice and referred to the Committee on Health, Education,
Labor, and Pensions

A BILL

To amend the Public Health Service Act to enhance efforts
to address antimicrobial resistance.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Strategies to Address
5 Antimicrobial Resistance Act”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

8 (1) The advent of the antibiotic era has saved
9 millions of lives and allowed for incredible medical
10 progress; however, the increased use and overuse of

1 antimicrobial drugs have correlated with increased
2 rates of antimicrobial resistance.

3 (2) Through mutation as well as other mecha-
4 nisms, bacteria and other infectious disease-causing
5 organisms—viruses, fungi, and parasites—develop
6 resistance to antimicrobial drugs over time. The
7 more antimicrobial drugs are used, whether appro-
8 priately or inappropriately, the more this contributes
9 to the development of antimicrobial resistance.

10 (3) Scientific evidence suggests that the source
11 of antimicrobial resistance in humans is not just lim-
12 ited to use of antimicrobial drugs in humans, but
13 may in fact also be from food-producing animals
14 which are exposed to antimicrobial drugs.

15 (4) A study estimates that in 2005 more than
16 94,000 invasive methicillin-resistant *Staphylococcus*
17 *aureus* (MRSA) infections occurred in the United
18 States and more than 18,500 of these infections re-
19 sulted in death.

20 (5) Each year, nearly 2,000,000 people contract
21 bacterial infections in hospitals and approximately
22 90,000 of these people die from these infections.

23 (6) The costs of antimicrobial-resistant bac-
24 terial diseases are hard to quantify, but a 1995 re-
25 port by the Office of Technology Assessment of and

1 agency of Congress, which looked at 6 different anti-
 2 microbial-resistant strains of bacteria, calculated
 3 that the minimum nationwide hospital costs of just
 4 these strains of bacteria accounted for
 5 \$1,300,000,000 annually in 1992 dollars
 6 (\$1,870,000,000 in 2006 dollars).

7 (7) The cost to society of antimicrobial-resist-
 8 ant infections will only rise as antimicrobial resist-
 9 ance continues to spread.

10 **SEC. 3. ANTIMICROBIAL RESISTANCE TASK FORCE.**

11 (a) IN GENERAL.—Section 319E of the Public
 12 Health Service Act (42 U.S.C. 247d–5) is amended—

13 (1) in subsection (a)—

14 (A) in the subsection heading, by striking
 15 “TASK FORCE” and inserting the following:
 16 “OFFICE OF ANTIMICROBIAL RESISTANCE,
 17 TASK FORCE, AND ADVISORY BOARD”;

18 (B) in paragraph (1)—

19 (i) by striking “as of the date of the
 20 enactment of this section” and inserting
 21 “September 30, 2006”; and

22 (ii) by adding at the end the fol-
 23 lowing: “The Secretary shall, not later
 24 than 1 year after the date of enactment of
 25 the Strategies to Address Antimicrobial

Resistance Act, establish an Office of Anti-microbial Resistance in the Office of the Secretary and appoint a director to that Office. The Secretary shall, not later than 1 year after the date of enactment of such Act, establish the Public Health Anti-microbial Advisory Board as an advisory board to the Director of the Office of Anti-microbial Resistance. The Director of the Office of Antimicrobial Resistance shall serve as the Director of the task force and supervise the activities of the Office, task force, and advisory board.”;

(C) by amending paragraph (2) to read as follows:

“(2) MEMBERS.—

“(A) MEMBERS OF THE ANTIMICROBIAL RESISTANCE TASK FORCE.—The task force described in paragraph (1) shall be composed of representatives of such Federal agencies as the Secretary determines necessary, including representation of the following:

“(i) The Office of Antimicrobial Resistance.

1 “(ii) The Assistant Secretary of Pre-
2 paredness and Response.

3 “(iii) The Centers for Disease Control
4 and Prevention.

5 “(iv) The Food and Drug Administra-
6 tion.

7 “(v) The National Institutes of
8 Health.

9 “(vi) The Agency for Healthcare Re-
10 search and Quality.

11 “(vii) The Centers for Medicare &
12 Medicaid Services.

13 “(viii) The Health Resources and
14 Services Administration.

15 “(ix) The Department of Agriculture.

16 “(x) The Department of Education.

17 “(xi) The Department of Defense.

18 “(xii) The Department of Veterans
19 Affairs.

20 “(xiii) The Environmental Protection
21 Agency.

22 “(xiv) The Department of Homeland
23 Security.

24 “(B) MEMBERS OF THE PUBLIC HEALTH
25 ANTIMICROBIAL ADVISORY BOARD.—

“(i) IN GENERAL.—The Public Health Antimicrobial Advisory Board shall be composed of 13 voting members, appointed by the Secretary. Such members shall include experts from the medical professions (including hospital and community-based physicians), public health, veterinary, research, and international health communities.

“(ii) TERMS.—Each member appointed under clause (i) shall be appointed for a term of 3 years, except that of the 13 members first appointed—

“(I) 4 shall be appointed for a term of 12 months; and

“(II) 4 shall be appointed for a term of 2 years.

“(iii) CHAIR.—The Secretary shall appoint a Chair of the Public Health Antimicrobial Advisory Board from among its members to lead and supervise the activities of the advisory board.”;

(D) in paragraph (3)(B), by striking “in consultation with the task force described in paragraph (1) and” and inserting “acting

1 through the Director of the Office of Anti-
2 microbial Resistance and the Director of the
3 Centers for Disease Control and Prevention,
4 and in consultation with”; and

5 (E) by amending paragraph (4) to read as
6 follows:

7 “(4) MEETINGS AND DUTIES.—

8 “(A) OFFICE OF ANTIMICROBIAL RESIST-
9 ANCE DUTIES.—The Director of the Office of
10 Antimicrobial Resistance, working in conjunc-
11 tion with the Federal agencies that are rep-
12 resented on the task force described in para-
13 graph (1), shall issue an update to the Public
14 Health Action Plan to Combat Antimicrobial
15 Resistance within 18 months of the establish-
16 ment of the Office and biennial updates there-
17 after. The updates shall include enhanced plans
18 for addressing antimicrobial resistance in the
19 United States and internationally. The Director
20 of the Office shall post on a website these up-
21 dates as well as summaries of all non-propri-
22 etary data the Task Force makes available. The
23 Director of the Office of Antimicrobial Resist-
24 ance shall, as appropriate—

1 “(i) establish benchmarks for achiev-
2 ing the goals set forth in the action plan;

3 “(ii) assess the ongoing, observed pat-
4 terns of emergence of antimicrobial resist-
5 ance, and their impact on clinical outcomes
6 in terms of how patients feel, function, or
7 survive;

8 “(iii) assess how antimicrobial prod-
9 ucts are being used in humans, animals,
10 and plants, and the impact of such use in
11 furthering the development of resistance
12 and the implications thereof for patient
13 safety and public health;

14 “(iv) establish a priority list of human
15 infectious diseases with the greatest need
16 for development of new point-of-care and
17 other diagnostics, antimicrobial drugs, and
18 vaccines, and in particular serious and life-
19 threatening bacterial diseases, for which
20 there are few or no diagnostic or treatment
21 options;

22 “(v) recommend basic, clinical, epide-
23 miological, prevention, and translational
24 research where additional federally sup-
25 ported studies may be beneficial;

1 “(vi) recommend how to support anti-
 2 microbial development through the Food
 3 and Drug Administration’s Critical Path
 4 Initiative;

5 “(vii) recommend how best to
 6 strengthen and link antimicrobial resist-
 7 ance-related surveillance and prevention
 8 and control activities; and

9 “(viii) collaborate with the Assistant
 10 Secretary for Preparedness and Response
 11 to ensure that strategies to address anti-
 12 microbial-resistance are coordinated with
 13 initiatives aimed at Severe Acute Res-
 14 piratory Syndrome, bioterrorism, and other
 15 emerging health threats.

16 “(B) ANTIMICROBIAL RESISTANCE TASK
 17 FORCE MEETINGS AND DUTIES.—

18 “(i) MEETINGS.—The Antimicrobial
 19 Resistance Task Force shall convene peri-
 20 odically as the Director of the Anti-
 21 microbial Resistance Task Force deter-
 22 mines to be appropriate, but not fewer
 23 than twice a year, to consider issues relat-
 24 ing to antimicrobial resistance.

1 “(ii) PUBLIC HEALTH ACTION
2 PLAN.—At least twice a year, the task
3 force shall have a meeting to review, dis-
4 cuss, and further develop the Public
5 Health Action Plan to Combat Anti-
6 microbial Resistance issued by the inter-
7 agency task force on antimicrobial resist-
8 ance in 2001. Among other issues, the task
9 force may discuss and review, based on
10 current need or concern—

11 “(I) antimicrobial clinical suscep-
12 tibility concentrations proposed, estab-
13 lished, or updated by the Food and
14 Drug Administration;

15 “(II) data obtained by govern-
16 ment agencies and, as possible, by pri-
17 vate sources on emerging anti-
18 microbial resistance related to clinical
19 outcomes in terms of how patients
20 function, feel, or survive as well as
21 data related to how antimicrobial
22 drugs may have been used inappropri-
23 ately;

24 “(III) surveillance data and pre-
25 vention and control activities regard-

1 ing emerging antimicrobial resistance
2 from reliable sources including the
3 Centers for Disease Control and Pre-
4 vention, the Food and Drug Adminis-
5 tration, the Department of Defense,
6 the Department of Veterans Affairs,
7 the Department of Agriculture, the
8 Environmental Protection Agency,
9 and as feasible from private sources
10 and international bodies;

11 “(IV) data on the amount of
12 antimicrobial products used in hu-
13 mans, animals, and plants from reli-
14 able sources including data from the
15 Centers for Disease Control and Pre-
16 vention, the Food and Drug Adminis-
17 tration, the Environmental Protection
18 Agency, the Department of Veterans
19 Affairs, the Centers for Medicare &
20 Medicaid Services, the Department of
21 Homeland Security, and the Depart-
22 ment of Agriculture, and as feasible
23 from private sources and international
24 bodies;

1 “(V) reports of federally sup-
2 ported antimicrobial resistance re-
3 search and antimicrobial drug devel-
4 opment research activities (including
5 clinical, epidemiological, prevention,
6 and translational research) obtained
7 from Federal agencies, as well as re-
8 ports of research sponsored by other
9 countries, industry, and non-govern-
10 mental organizations;

11 “(VI) reports on efforts by the
12 Food and Drug Administration to de-
13 velop policies and guidances which en-
14 courage antimicrobial drug develop-
15 ment and appropriate use while main-
16 taining high standards for safety and
17 effectiveness;

18 “(VII) health plan employer data
19 and information set (HEDIS) meas-
20 ures pertaining to appropriate use of
21 antimicrobial drugs; and

22 “(VIII) other data and issues the
23 task force identifies as relevant to the
24 issue of antimicrobial resistance.

1 “(iii) PENDING APPLICATIONS.—The
 2 Food and Drug Administration may con-
 3 sult with the Director of the Office of
 4 Antimicrobial Resistance concerning the
 5 pending application of any antimicrobial
 6 drug application submitted to the Sec-
 7 retary under section 505 or 512 of the
 8 Federal Food, Drug, and Cosmetic Act or
 9 the Public Health Service Act.

10 “(C) PUBLIC HEALTH ANTIMICROBIAL AD-
 11 VISORY BOARD MEETINGS AND DUTIES.—

12 “(i) MEETINGS.—The Public Health
 13 Antimicrobial Advisory Board shall meet
 14 as the Chair of the Public Health Anti-
 15 microbial Advisory Board determines to be
 16 appropriate, but not fewer than 2 times
 17 each year.

18 “(ii) RECOMMENDATIONS.—The Pub-
 19 lic Health Antimicrobial Advisory Board
 20 shall make recommendations to the Sec-
 21 retary, and the Office of Antimicrobial Re-
 22 sistance, regarding—

23 “(I) ways to encourage the avail-
 24 ability of an adequate supply of safe
 25 and effective antimicrobial products;

1 “(II) research priorities and
2 other measures (such as antimicrobial
3 drug resistance management plans) to
4 enhance the safety and efficacy of
5 antimicrobial products;

6 “(III) how best to implement and
7 update the goals of the Public Health
8 Action Plan to Combat Antimicrobial
9 Resistance;

10 “(IV) incentives necessary to es-
11 tablish uniform mechanisms and data
12 sets for State reporting of resistance
13 data;

14 “(V) the adequacy of existing
15 surveillance systems to collect anti-
16 microbial resistance data and how
17 best to improve the collection, report-
18 ing, and analysis of such data;

19 “(VI) the development of a na-
20 tional plan for the collection and anal-
21 ysis of isolates of resistant pathogens,
22 including establishing priorities as to
23 which isolates should be collected;

24 “(VII) the implementation and
25 evaluation of interventions to promote

1 appropriate antimicrobial drug use in
 2 both inpatient and outpatient settings;
 3 and

4 “(VIII) areas for government,
 5 nongovernment, and international co-
 6 operation to strengthen implementa-
 7 tion of the Public Health Action Plan
 8 to Combat Antimicrobial Resistance.

9 “(D) AVAILABILITY OF INFORMATION.—

10 The Office of Antimicrobial Resistance shall en-
 11 sure that all information shall be made avail-
 12 able to the public on the website described in
 13 subparagraph (A) consistent with section 7 of
 14 the Strategies to Address Antimicrobial Resist-
 15 ance Act.”;

16 (2) by amending subsection (b) to read as fol-
 17 lows:

18 “(b) ANTIMICROBIAL RESISTANCE RESEARCH AND
 19 PRODUCT DEVELOPMENT.—The Secretary, acting
 20 through the Director of the Office of Antimicrobial Resist-
 21 ance, the Director of the Centers for Disease Control and
 22 Prevention, and the Director of the National Institutes of
 23 Health, and in consultation with other Federal agencies,
 24 shall develop an antimicrobial resistance strategic research
 25 plan that strengthens existing epidemiological, inter-

1 ventional, clinical, behavioral, translational, and basic re-
2 search efforts to advance the understanding of—

3 “(1) the development, implementation, and effi-
4 cacy of interventions to prevent and control the
5 emergence and transmission of antimicrobial resist-
6 ance;

7 “(2) how best to optimize antimicrobial effec-
8 tiveness while limiting the emergence of resistance,
9 including addressing issues related to duration of
10 therapy, effectiveness of therapy in self-resolving dis-
11 eases, and determining populations most likely to
12 benefit from antimicrobial drugs;

13 “(3) the extent to which the use of anti-
14 microbial products in humans, animals, plants, and
15 other uses accelerates development and transmission
16 of antimicrobial resistance;

17 “(4) the natural histories of infectious diseases
18 (including defining the disease, diagnosis, severity,
19 and the time course of illness);

20 “(5) the development of new therapeutics, in-
21 cluding antimicrobial drugs, biologics, and devices
22 against resistant pathogens, and in particular dis-
23 eases for which few or no therapeutics are in devel-
24 opment;

1 “(6) the development and testing of medical
 2 diagnostics to identify patients with infectious dis-
 3 ease and identify the exact cause of infectious dis-
 4 eases syndromes, particularly with respect to the de-
 5 tection of pathogens resistant to antimicrobial drugs;

6 “(7) the epidemiology, pathogenesis, mecha-
 7 nisms, and genetics of antimicrobial resistance; and

8 “(8) the sequencing of the genomes, or other
 9 DNA analysis, or other comparative analysis of pri-
 10 ority pathogens (as determined by the advisory
 11 board), in collaboration with the Department of De-
 12 fense and the Joint Genome Institute of the Depart-
 13 ment of Energy.”; and

14 (3) in subsection (c)—

15 (A) by inserting “acting through the Di-
 16 rector of the Office of Antimicrobial Resist-
 17 ance,” after “The Secretary,”; and

18 (B) by striking “members of the task force
 19 described in subsection (a),”;

20 (4) in subsection (d)(1), by inserting “, through
 21 the Office of Antimicrobial Resistance,” after “The
 22 Secretary”; and

23 (5) in subsection (e)—

1 (A) in paragraph (1), by inserting “, act-
 2 ing through the Director of the Office of Anti-
 3 microbial Resistance,” after “The Secretary”;

4 (B) in paragraph (3), by inserting “, act-
 5 ing through the Office of Antimicrobial Resist-
 6 ance,” after “The Secretary”; and

7 (C) by adding at the end the following:

8 “(4) PREFERENCE IN MAKING AWARDS.—In
 9 making awards under paragraph (1), the Secretary
 10 shall give preference to eligible entities that will use
 11 grant funds to establish demonstration projects to
 12 assess the scope of the antimicrobial resistance prob-
 13 lem and the level of appropriate and inappropriate
 14 use of antimicrobial drugs especially related to acute
 15 bacterial otitis media and upper respiratory infec-
 16 tions, and in particular acute exacerbation of chronic
 17 bronchitis, including the validation of models that
 18 may lead to the development of quality measures for
 19 health care providers prescribing antimicrobial
 20 drugs.”.

21 (b) ENSURE ACCESS TO ANTIMICROBIAL DATA AND
 22 RESEARCH.—The Director of the Office of Antimicrobial
 23 Resistance shall work with the agencies represented on the
 24 Antimicrobial Resistance Task Force to identify relevant
 25 data and formats, and mechanisms for communicating

1 such data to the Office of Antimicrobial Resistance and
2 the Antimicrobial Resistance Task Force, including rel-
3 evant data obtained by the agencies through contracts
4 with other organizations, including—

5 (1) use and clinical outcomes data on patients
6 receiving antimicrobial drugs for the treatment, pre-
7 vention, or diagnosis of infection or infectious dis-
8 eases;

9 (2) surveillance data regarding emerging anti-
10 microbial drug resistance;

11 (3) susceptibility data related to antimicrobial
12 drug use;

13 (4) data related to the amount of antimicrobial
14 products used in humans, animals, and plants;

15 (5) data from federally funded research in-
16 tended to support antimicrobial drug development;

17 (6) data demonstrating the impact of research,
18 surveillance, and prevention and control initiatives in
19 understanding and controlling antimicrobial resist-
20 ance; and

21 (7) data regarding implementation and evalua-
22 tion of interventions to improve antimicrobial drug
23 prescribing practices.

1 **SEC. 4. COLLECTION OF ANTIMICROBIAL DRUG DATA.**

2 (a) SUBMISSION OF HUMAN AND ANIMAL DRUG DIS-
3 TRIBUTION DATA.—Chapter V of the Federal Food, Drug,
4 and Cosmetic Act (21 U.S.C. 351 et seq.) is amended by
5 inserting after section 512 the following:

6 **“SEC. 512A. SUBMISSION OF HUMAN AND ANIMAL DRUG**
7 **DISTRIBUTION DATA.**

8 “(a) IN GENERAL.—Notwithstanding any other pro-
9 vision of law, the Secretary shall require that human drug
10 distribution data required to be submitted for each cal-
11 endar year under section 314.81(b)(ii) of title 21, Code
12 of Federal Regulations (or any successor regulation) and
13 the animal drug distribution data required to be submitted
14 for each such calendar year under section 514.80(b)(4)(i)
15 of title 21, Code of Federal Regulations (or any successor
16 regulation) be—

17 “(1) submitted not later than 60 days after the
18 beginning of the subsequent calendar year; and

19 “(2) made available to the Office of Anti-
20 microbial Resistance, the Antimicrobial Resistance
21 Task Force, and the Public Health Antimicrobial
22 Advisory Board.

23 “(b) CONFIDENTIALITY.—The Office of Anti-
24 microbial Resistance, the Antimicrobial Resistance Task
25 Force, and the Public Health Antimicrobial Advisory
26 Board shall sign a confidentiality agreement to protect

1 proprietary information made available under subsection
2 (a)(2).”.

3 (b) COMPARABLE DATA.—

4 (1) IN GENERAL.—The Secretary, acting
5 through the Director of the Office of Antimicrobial
6 Resistance, shall explore opportunities to secure
7 from private vendors reliable and comparable animal
8 and human antimicrobial drug consumption data
9 (volume antimicrobial distribution data and anti-
10 microbial use, including prescription data) by State
11 or metropolitan area, as necessary, to supplement
12 the antimicrobial drug consumption data to be col-
13 lected under this section for the purpose of dem-
14 onstrating how the consumption of antimicrobial
15 drugs for human and animal uses may affect the de-
16 velopment of resistance over time and within geo-
17 graphic locations and to institute preventive inter-
18 ventions.

19 (2) NEGOTIATIONS.—The Director of the Office
20 of Antimicrobial Resistance may enter into negotia-
21 tions with private vendors to determine acceptable
22 formats for making summaries of antimicrobial drug
23 consumption data that is collected under this section
24 publicly available for research purposes while main-

1 taining the confidentiality of any proprietary com-
2 mercial data.

3 (3) OTHER MEANS TO SECURE DATA.—If the
4 Director of the Office of Antimicrobial Resistance is
5 not able to secure sufficient supplemental anti-
6 microbial drug consumption data for human and
7 animal uses through private vendors as provided for
8 in this section, the Secretary shall consider other
9 means to secure such consumption data, including
10 through the conduct of surveys about how anti-
11 microbial drugs are used in various settings and
12 make such data available to the public consistent
13 with section 7.

14 (c) COLLECTION OF ANTIMICROBIAL PRESCRIPTION
15 DATA.—

16 (1) CLINICAL OUTCOMES DATA.—The Director
17 of the Office of Antimicrobial Resistance shall work
18 with the Under Secretary for Health of the Depart-
19 ment of Veterans Affairs and the Administrator of
20 the Centers for Medicare & Medicaid Services to col-
21 lect relevant drug utilization data and clinical out-
22 comes data, as determined relevant by the Director
23 of the Office of Antimicrobial Resistance, on pa-
24 tients who receive services funded by such agencies
25 and who are receiving prescription antimicrobial

1 agents for the treatment, prevention, or diagnosis of
2 infection or infectious diseases.

3 (2) ORGANIZATION.—Any data collected under
4 paragraph (1) shall be organized by—

5 (A) indication (including results of diag-
6 nostic studies when available);

7 (B) dosage;

8 (C) route of administration;

9 (D) duration;

10 (E) age of the patient; and

11 (F) geographic region.

12 (d) PUBLIC AVAILABILITY OF SUMMARIES.—The Di-
13 rector of the Office of Antimicrobial Resistance shall make
14 summaries of the data received under this section publicly
15 available by antimicrobial drug class and ensure that such
16 summaries are updated and published, in a manner con-
17 sistent with section 7, at least once annually on the
18 website described in section 319E(a)(4)(A) of the Public
19 Health Service Act (42 U.S.C. 247d–5(a)(4)(A)) in order
20 to support epidemiologic and microbiologic research. In
21 the case of an antimicrobial drug class where only one
22 antimicrobial drug has been approved, such summary data
23 shall not be made public.

1 **SEC. 5. ANTIMICROBIAL RESISTANCE CLINICAL RESEARCH**
2 **AND PUBLIC HEALTH NETWORK.**

3 (a) IN GENERAL.—The Secretary, through the Direc-
4 tor of the Centers for Disease Control and Prevention and
5 the Director of the National Institutes of Health, shall es-
6 tablish at least 10 Antimicrobial Resistance Clinical Re-
7 search and Public Health Network sites to strengthen the
8 national capacity to—

9 (1) describe and confirm regional outbreaks
10 through surveillance of locally available clinical
11 specimens;

12 (2) assess, integrate, and address local and na-
13 tional antimicrobial resistance patterns;

14 (3) facilitate research on prevention, control,
15 and treatment of resistant organisms; and

16 (4) serve as a clinical trials network for opti-
17 mizing antimicrobial drug effectiveness.

18 (b) GEOGRAPHIC DISTRIBUTION.—The sites estab-
19 lished under subsection (a) shall be geographically distrib-
20 uted across the United States, based in academic centers,
21 health departments, and existing surveillance sites.

22 (c) RESPONSIBILITIES.—The sites established under
23 subsection (a) shall—

24 (1) monitor the emergence and changes in the
25 patterns of antimicrobial resistant pathogens in indi-
26 viduals;

1 (2) study the molecular epidemiology of such
2 pathogens;

3 (3) evaluate the efficacy of new and existing
4 interventions to prevent or limit the emergence of
5 antimicrobial resistance throughout the geographic
6 region of the site;

7 (4) provide to the Centers for Disease Control
8 and Prevention isolates of resistant pathogens, and
9 in particular, pathogens that show new or atypical
10 patterns of resistance adversely affecting public
11 health;

12 (5) conduct clinical research to develop natural
13 histories of infectious disease and to study duration
14 of antimicrobial use related to resistance develop-
15 ment, among other things;

16 (6) assess the feasibility, cost-effectiveness, and
17 appropriateness of surveillance and screening pro-
18 grams in differing health care and institutional set-
19 tings, such as schools; and

20 (7) evaluate current treatment protocols and
21 make appropriate recommendations on best practices
22 for treating drug resistant infections.

23 (d) COORDINATION.—The sites established under
24 subsection (a) may share data and cooperate with the Cen-

1 ters for Disease Control and Prevention and the National
2 Institutes of Health.

3 (e) DATA ACCESS.—The Director of the Centers for
4 Disease Control and Prevention and the Director of the
5 National Institutes of Health shall ensure that summary
6 reports of data obtained by the Antimicrobial Resistance
7 Clinical Research and Public Health Network sites are
8 made accessible to the Antimicrobial Task Force for re-
9 view on an ongoing basis.

10 **SEC. 6. AUTHORIZATION OF APPROPRIATIONS.**

11 Section 319E(g) of the Public Health Service Act (42
12 U.S.C. 247d–5(g)) is amended to read as follows:

13 “(g) AUTHORIZATION OF APPROPRIATIONS.—

14 “(1) AUTHORIZATION.—There are authorized to
15 be appropriated to carry out this section (other than
16 subsection (b)) \$45,000,000 for fiscal year 2008,
17 \$65,000,000 for fiscal year 2009, \$120,000,000 for
18 fiscal year 2010, and such sums as may be nec-
19 essary for each subsequent fiscal year.

20 “(2) ALLOCATION.—Of the amount appro-
21 priated to carry out this section for a fiscal year, not
22 less than one-third of such amount shall be made
23 available for activities of the Centers for Disease
24 Control and Prevention under subsections (a)(3)(B)
25 and (c), of which at least one-third of such amount

1 shall be made available for the Centers for Disease
2 Control and Prevention educational programs dedi-
3 cated to the reduction of inappropriate antimicrobial
4 use.”.

5 **SEC. 7. PROTECTION OF CONFIDENTIAL AND NATIONAL SE-**
6 **CURITY INFORMATION.**

7 Except as otherwise required by law, this Act (and
8 the amendments made by this Act) shall not permit public
9 disclosure of trade secrets, confidential commercial infor-
10 mation, or material inconsistent with national security
11 that is obtained by any person under this Act.

○